

REQUEST FOR MENTAL HEALTH CONSULTATION

(The Proponent of this form is MEDDAC)

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY. 10 USC 1076, 5 USC 301, Title 42, US Code (AR 608-14, Social Security) PRINCIPAL PURPOSE(S). This form is used by the examining officer to render a psychiatric and/or psychological report on active duty personnel to determine their psychiatric profile for pending administrative action initiated by the individual's unit commander. ROUTINE USES. The routine use would ultimately give the unit commander a formal disposition by evaluating Medical Officer as to the individual's psychiatric profile. Normally the information on this statement would be an enclosure to an administrative board action to separate active military personnel. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION. Mandatory. The form is required to complete a psychiatric evaluation on board actions.

I. Identifying Data:

Name		Grade	Age
SSN	Time in Service		Time in Unit
Unit	1SG Phone		Commander Phone
MOS	ETS	GT Score	Marital Status

II. Psychiatric Evaluation is Requested for:

Refer to Section:

	Chapter Action/Fitness for Duty	III, IV & VI
	Evaluation for Treatment	IV & VI
	Military School Requirement	V
	Risk Assessment	IV & VI

III. Chapter Action Information

1. The soldier is being considered for separation from service under the provisions of chapter _____ for the following reasons:

2. This soldier has been a problem for this unit because:

IV. Evaluation for Treatment/Rehabilitation Efforts

1. The following attempts have been made to help this soldier:

<input type="checkbox"/> Unit level counseling	<input type="checkbox"/> Referral to ACS/AER
<input type="checkbox"/> Pass or leave given	<input type="checkbox"/> Referral to JAG
<input type="checkbox"/> Referral to Mental Health	<input type="checkbox"/> Referral to IG
<input type="checkbox"/> Referral to Drug and Alcohol	<input type="checkbox"/> Referral to finance
<input type="checkbox"/> Referral to Social Work/FAP	<input type="checkbox"/> Recommendation for separation
<input type="checkbox"/> Contacted Family	<input type="checkbox"/> Recommendation for reassignment
<input type="checkbox"/> Referral to Chaplain	<input type="checkbox"/> Recommendation for MOS change

Comments:

Evaluation for Treatment Continued

2. I feel this soldier is emotionally unstable because:

3. Describe any personal or family that are affecting his/her behavior:

4. How does this person get along with co-workers and supervisors:

5. Military Adjustment (check one)

<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	Poor
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6. Disciplinary action taken (check all that apply)

<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Reduction in Grade	<input type="checkbox"/>	Extra Duty
<input type="checkbox"/>	Article 15	<input type="checkbox"/>	Forfeiture of Pay	<input type="checkbox"/>	Restriction to Barracks
<input type="checkbox"/>	Courts Martial	<input type="checkbox"/>	Other:		

Comments: (How can Behavioral Health Service help you with this matter?)

V. Military School Requirement

1. This soldier is being considered for the following military school:

VI. Risk Assessment

1. This soldier is at risk for the following behaviors:

	Essentially None	Low	Moderate	High
Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I feel the above potential for risk exist because:

Notice

Only the commander may request mental health evaluations. In order to facilitate the evaluation, all appropriate items should be filled out by the commander. It is the responsibility of the commander to ensure that the soldier arrives 30 minutes prior to the appointment time in order to fill out the additional appropriate clinic paperwork. The soldier must have their medical records for the appointment. In signing this request the commander indicates that the reason for this referral has been discussed with the soldier and has received and signed his/her copy of the soldier's Notification of Commanding Officer Referral for Mental Health

Printed Name of Commander

Signature of Commander

Date